

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1004 (Delegate Martinez)
Health and Government Operations

Public Health - Alzheimer's Disease and Related Dementias - Information on Prevalence and Treatment

This bill expands the information that the Maryland Department of Health (MDH), in partnership with specified entities, must incorporate into relevant public health outreach programs to include information (1) for health care providers on treatments approved by the U.S. Food and Drug Administration (FDA) for Alzheimer’s disease and related dementias and (2) to increase understanding and awareness of early treatment of Alzheimer’s disease and related dementias. MDH, in collaboration with the State-designated health information exchange (HIE), must establish and maintain a publicly accessible website that includes specified information regarding Alzheimer’s disease and related dementias in a downloadable format, which must be updated annually to include any newly available data. The bill also makes conforming changes.

Fiscal Summary

State Effect: MDH general expenditures increase by at least \$59,000 in FY 2026 for contractual staff and technology expenses, as discussed below. Future years reflect termination of contractual staff in FY 2027 and ongoing costs. Revenues are not affected.

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	59,000	40,800	21,000	21,000	21,000
Net Effect	(\$59,000)	(\$40,800)	(\$21,000)	(\$21,000)	(\$21,000)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: The website must include (1) the prevalence of Alzheimer’s disease and related dementias in the State; (2) the hospitalization rate related to Alzheimer’s disease and related dementias; and (3) to the extent possible, the prevalence and hospitalization rate of Alzheimer’s disease and related dementias disaggregated based on age (including age of diagnosis), sex, race, ethnicity, and number of cases by county.

The website must (1) include data available for the immediately preceding five-year period ending September 30, 2025, and (2) be updated to include newly available data by January 1 each year, beginning in 2027.

Current Law: MDH, in partnership with the Maryland Department of Aging, the Virginia I. Jones Alzheimer’s Disease and Related *Disorders* Council, and the Greater Maryland Chapter of the Alzheimer’s Association, must incorporate information into relevant public health outreach programs administered by MDH to:

- educate health care providers regarding (1) the importance of early detection and timely diagnosis of cognitive impairment; (2) validated assessment tools for the detection and diagnosis of cognitive impairment; (3) the value of a Medicare annual wellness visit or other annual physical for an individual at least 65 years old for cognitive health; and (4) the Medicare care planning billing code for individuals with cognitive impairment; and
- increase understanding and awareness of (1) the early warning signs of Alzheimer’s disease and other types of dementia; (2) the value of early detection and diagnosis of Alzheimer’s disease and other types of dementia; and (3) how to reduce the risk of cognitive decline, particularly among individuals in Black and Latino communities who are at greater risk of developing Alzheimer’s disease and other types of dementia.

Virginia I. Jones Alzheimer’s Disease and Related Dementias Council

Chapters 305 and 306 of 2013 established the Virginia I. Jones Alzheimer’s Disease and Related Disorders Council for a three-year period. Chapters 410 and 411 of 2019 extended the council’s termination date to September 30, 2024. Chapters 397 and 398 of 2022 renamed the council as the Virginia I. Jones Alzheimer’s Disease and Related *Dementias* Council and required the council to issue and publish an update to the [State Plan on Alzheimer’s Disease and Related Dementias](#) every five years. Chapters 397 and 398 also removed the council’s termination date.

The council must (1) update the State Plan on Alzheimer’s Disease and Related Disorders and advocate for the State plan; (2) examine the needs for individuals with Alzheimer’s

disease and related disorders and their caregivers and identify methods through which the State can most effectively and efficiently assist in meeting those needs; (3) advise the Governor and the General Assembly on policy, funding, regulatory, and other issues related to individuals with Alzheimer’s disease and related disorders and their caregivers; and (4) develop and promote strategies to encourage brain health and reduce cognitive decline.

State Expenditures: The bill requires MDH, in partnership with specified entities, to incorporate additional information into relevant public health outreach programs. MDH advises that this can be completed with existing budgeted resources. However, the bill also requires MDH, in consultation with the State-designated HIE, to establish and maintain a publicly accessible website that includes (in a downloadable format) specified data available on Alzheimer’s disease and related dementias for the immediately preceding five-year period ending September 30, 2025. The website must be updated to include newly available data by January 1, 2027, and annually thereafter.

MDH advises that the department is unable to meet the bill’s requirements with existing resources. Therefore, MDH general fund expenditures increase by \$59,019 in fiscal 2026, which accounts for the bill’s October 1, 2025 effective date. This estimate reflects the cost of hiring one part-time (50%) contractual epidemiologist to collect specified Alzheimer’s disease and related dementias data for the website. It includes a salary, fringe benefits, one-time start-up costs, technology expenses (as discussed below), and ongoing operating expenses. This estimate assumes that the contractual position begins October 1, 2025, and terminates December 31, 2026, allowing the position to collect initial required data, establish the website, and update the website prior to the January 1, 2027 deadline. After the contractual position terminates, this analysis assumes that the website can be updated on an annual basis using existing resources.

	<u>FY 2026</u>	<u>FY 2027</u>
Position	0.5	-0.5
Salary and Fringe Benefits	\$31,064	\$19,543
Technology Expenses	21,000	21,000
Operating Expenses	<u>6,955</u>	<u>279</u>
Total FY 2026 State Expenditures	\$59,019	\$40,822

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

MDH estimates that technology expenses associated with developing and maintaining the website are at least \$21,000 annually for MDH data office support and licensing fees. To the extent additional personnel are required to build out the website, expenditures increase by an additional amount.

Additional Comments: The bill requires MDH to partner with the Virginia I. Jones Alzheimer's Disease and Related *Disorders* Council to meet specified requirements; however, the council was renamed as the Virginia I. Jones Alzheimer's Disease and Related *Dementias* Council in 2022.

According to the Alzheimer's Association, more than [127,000 Marylanders](#) are living with Alzheimer's disease. The Alzheimer's Association releases an [annual report](#) outlining specified Alzheimer's disease data.

In July 2024, FDA [approved](#) an injectable drug to be used in patients with mild cognitive impairment or mild dementia stage of Alzheimer's disease.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: SB 748 (Senator Kramer) - Finance.

Information Source(s): Maryland Department of Aging; Maryland Department of Health; Department of Legislative Services

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